TRIALS OF LABOUR: THE RE-EMERGENCE OF MIDWIFERY by Brian Burtch (Montreal & Kingston: McGill-Queen's University Press, 1994).

This new book presents an interesting historical overview of the role of midwifery both in Canada and in other jurisdictions. The author looks at how the role of midwives has been transformed over the years, particularly in Canada, and presents several perspectives explaining why such transformation has occurred.

The author's objective is to provide an argument in support of the reinstatement of midwifery in Canada, an argument which he indicates is well-supported through conventional studies of birthing services.

In chapter one, the author provides a variety of definitions for "midwife" including the following one: "any individual who, by choice, assists a woman in the process of delivering her baby, and who consciously assumes some degree of responsibility for the health and well-being of mother and child."[1] This definition includes the nurse-midwife, traditional midwives and birth attendants in all cultures, as well as trained obstetricians.

The book identifies two forms of midwifery which were practiced in Canada in the 1970s and 1980s. The author indicates that these two branches of midwifery are not as distinct today. The first form consists of the community or independent midwives, who are associated primarily with home births, labour coaching in-hospital, prenatal classes and lobbying government to restore midwifery. The second form is that of nurse-midwives who are associated with obstetrical nursing. The author terms this type of midwife an "Americanism."[2] A midwife of this latter form usually works in a hospital, has expertise in the management of normal childbirth and can assist in high risk obstetrical patient management. Thus, the scope of practice of these nurse-midwives can be broad. Although this book looks at both these forms of midwifery in Canada, the major emphasis is on community midwives.

At present, there is what the author terms a modern controversy over the reinstatement of midwifery services in Canada. However, in many other countries, midwifery has a wide sphere of practice. The book's focus is on the reasons for the anomalous situation in which midwives currently find themselves in Canada. Each chapter of the book addresses different issues which the author believes are responsible for this situation.

In chapter two, the focus is on the theoretical approaches of state law and how this can have, and has had, implications for midwifery in Canada. The author's view is that the current midwifery debate is not simply an interprofessional conflict between the medical and nursing professions and the midwife, but rather relates to the role that the state has played in the displacement of community midwives through the legislation and

---

1 B. Burtch, *Trials of Labour: The Re-emergence of Midwifery* (Montreal & Kingston: McGill-Queen's University Press, 1994) at 6.

2 *Ibid.* at 8.

subsidization of the medical profession. As well, there have been misconceived assumptions, such as the assumption that midwifery practices are more hazardous than physicians' attendance at birthing and that midwives require the supervision of physicians, which have also affected the role of midwives.

In this chapter, the author reviews various theories of the state including liberal, conservative and Marxist approaches and considers the influence these theories have had on the resistance to midwifery. In particular, the state's role in safeguarding the material interests of professions, including the medical profession, is explored. As well, the challenges facing the state with respect to criticisms regarding the limitations of the interventions-oriented medical model are considered. The views of feminist critics relating to the nature of reproductive rituals and technology under the medicalization model of birth are also reviewed. The author, in his summary of this chapter, indicates that:

> A combination of structuralist theory, feminist theorizing, and especially the role of human agency in protesting restrictive controls (and presenting innovative approaches in maternity and infant care) highlights the obstacles midwives and their supporters face in overcoming legislative restrictions and the material interests of the more established players in health care.[3]

The author is critical of the role of the state, which includes both provincial and federal governments, in determining the health care that is provided and who will provide such care. From the author's perspective, the legislation, law enforcement and fiscal policies of the state in the past have fostered the provision of birthing services by physicians and nurses, and as a consequence have displaced midwives and their services. The only way the author envisions the recognition of midwifery services in the future is if the state has a willingness to enact legislation supportive of midwifery and develops a plan for the reintroduction of independent midwifery services.

The focus of chapter three involves an historical review which traces the development of midwifery on a global perspective. In this chapter, issues such as the redefinition of childbirth as the domain of physicians, the relocation of birth to hospital settings, technological advances in monitoring and influencing pregnancy and the creation of the professional nurse and nurse-midwife are considered. World Health Organization data relating to provision of midwifery services is also reviewed. This data indicates that only nine of 210 nations which were studied by the organization made no provision for midwifery services. Canada is one of these nine nations and the only major industrialized nation without established midwifery services in the infrastructure of national birth attendance. This chapter also looks at differences in the manner in which midwifery is practiced in Europe, England, China and Japan.

The author's review of Canadian literature is mostly critical of the medicalization of births and the displacement of midwifery. However, the author points out that there have also been benefits from medical research and nursing and medical training. Such

---

[3] *Ibid.* at 62.

benefits include improved clinical care and the cultivation of a stronger knowledge base respecting pregnancy, birth and child development.

Chapter four focuses on midwifery practice in Canada. In this chapter, the author reviews his own research respecting community midwives. Some of the issues addressed include the rates of caesarean sections, episiotomies, induction and augmentation of labour and the delivery positions. Issues relating to educational preparation, methodology of practice, caseload and payment for services for community midwives' role in same are discussed. Other parameters of midwifery services are also reviewed in this chapter. Additionally, the author identifies many positive factors, as well as some of the deficiencies, arising from the practice of community midwives.

Nurse-midwifery is also explored in this chapter. The author indicates that nurse-midwifery is somewhat out of step with the traditional role of midwives, which is generally viewed as a profession separate from medicine and nursing. Although there is evidence that this form of midwife is quite capable of providing pregnancy, labour and delivery care, there has been a limited practice sphere granted to this type of midwife. The author indicates that most of these types of practitioners work as obstetrical nurses and do not have the ability to practice independently.

Chapter five reviews the recent history of legal actions relating to midwives in Canada. The author indicates that one glimmer of hope for midwives is that there has been a consistent failure to convict midwives for practicing medicine without a licence or for criminal negligence in cases where a baby or mother is harmed in a home birth. These legal interventions appear to have had some favourable impact as they have provided a vehicle for evidence favouring midwifery to be brought to the fore. The author suggests that this information may have played a part in the legalization of midwifery by the Ontario and Alberta governments.

This chapter also reviews the impact these legal challenges have had on the individual midwives who have been defendants in such actions. Although there has been and continues to be some resistance to the full implementation of midwifery care in many Canadian jurisdictions, organizations such as the International Confederation of Midwives and the World Health Organization have taken stances on midwifery which have been very supportive of the promotion of midwifery services. At the same time that there is this type of support for midwifery, opponents of midwifery try to undermine the role of midwives through conducting expensive litigation and expressing concerns regarding the skills of midwives and the costs of establishing midwifery training programs. In the end, the author indicates that the role of midwives is dependent on the will of government officials, court officials, legislators and the medical and nursing professions.

The last chapter examines the paradoxes involved in the legal regulation of midwifery practice and the future of midwifery. The author reviews various aspects of care provided by midwives and identifies areas where changes are required. The author predicts a gradual expansion of the legalization of midwifery as a separate occupation from medicine. He also sees a gradual expansion of the midwife's role due to the effect

of international lobbying efforts and research supporting the view that qualified midwives are able to provide safe care. However, the author notes that what will actually occur regarding the practice of midwifery is dependent upon the state. He feels that midwives will have an uphill battle with the state to become independent practitioners, as he foresees difficulty in usurping control from the medical and nursing professions.

The author is critical of the state's promotion of the medical and nursing professions in the provision of obstetrical care through its legislation and policies. Medical legislation, the building of hospitals, the promotion of technologies and the payment mechanisms for the provision of obstetrical care are all identified as ways the state has promoted the medicalization of child birthing and the displacement of midwives from this process. Another reason for the state's actions is related to a gender concern in which government has promoted a patriarchal system which does not recognize the needs of the female with respect to reproductive care.

Trials of Labour: The Re-emergence of Midwifery provides an overview of the literature and current studies relating to midwifery in general and, in particular, to the services which midwives provide. The book also includes a good review of the key factors which have had and continue to have an impact on the role of midwives in the provision of birthing services. However, the content of this book is set out in a manner that is supportive of the midwife and more particularly the community midwife. Further, there are no scientifically sound studies relating to midwifery practices, and as a consequence, much of the information reviewed in this book is subjective in nature.

Marg Mrazek
Reynolds, Mirth,
Richards & Farmer
Edmonton, Alberta